| 2002   | (NAMISAI(GINECO)NARRIENTA  |   | ES State of Nevada                              |  |
|--|--|---|---|--|
| Ç  | SHIRLEY ANN  | COOK GOVE   | ERNOR   |  |
| Name (print) Office (if applicable) District (if applicable)   |  |   |   |  |
| // 0 (   | dress (include city and zip code)  | WAY, LAS VEG.   | AS NV 84123 (702) 260-079                       |  |
| Mailing A  | ioress (include dity and zip code)   |   | / Telephone No.                                 |  |
| E-Mail Ad  | dress  |   | 26 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1        |  |
| Select Ap  | propriate Box(es) ☐ (CANISE) ATE   | TPACAT U BAG  | POLPRTYS TIND EXPOSE TAMENDED                   |  |
|  | Office with a 4-year term Period: Defice with a 6-year term Period: Defice with a 6-year term Period: Defice with a 6-year term Period: Defice with a 4-year term Period: Defice with a 6-year term Period: Defice | , <b>2002</b><br>an. 5, 2001 — Aug. 22, 2002<br>ec. 20, 1998 — Aug 22, 2002<br>ec. 6, 1996 — Aug 22, 2002<br>ec. 7, 2000 – Aug 22, 2002 | COMPELED  |  |
|  | Report #2 Due — October 29<br>Period: Aug. 23, 2002 — Oct. 24, 200   | •   | JAN 0 6 2003  Secretary of State                |  |
| ×  | Report #3 Due — January 15 Period: Oct. 25, 2002 — Jan. 3, 2003 BAGs only: Period: Oct.  | FOR OFFICE USE ONLY   |   |  |
| This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any $-7.90$   |  |   |   |  |
| CONTRIBUTIONS SUMMARY  "Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007) |  |   |   |  |
| 1.   | Total amount of monetary contribution  | ons in excess of \$100  | O   |  |
| 2. Total amount of monetary contributions of \$100 or less   |  |   |   |  |
| Actual number of monetary contributions of \$100 or less   |  |   |   |  |
| 3. Interest and income earned on contributions, if any   |  |   |   |  |
| 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3)  |  |   | hrough 3)                                       |  |
| 5. Total amount of In Kind Contributions   |  |   | 0   |  |
|  |  | EXPENSES SUMMARY  |   |  |
| 6.   | Total amount of monetary expenses  | in excess of \$100  | 0   |  |
| 7. Total amount of monetary expenses of \$100 or less  |  |   | 7.90  |  |
| 8. Expense for filing fee  |  |   | A-5   |  |
| 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8)   |  |   | ough 8) 7. 9 0                                  |  |
|  | Re   | emaining Balance (Subtract line 9   | 9 from 4) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |  |
| 10   | . Total amount of In Kind Expenses   |   |   |  |
| I declare  | under penalty of perjury that the foreg  | AFFIRMATION oing is true and correct.   |   |  |
|  | Sherley Unn 600  | k   | Danuary 6, 2003                                 |  |
| Signature  |  |   | Date Executed On                                |  |
| EL201.doc  | Rev  | rised: MAR-02   | PAGEOF  |  |